

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90026 021 ***150.00

DOCUMENT # P00000079937

1. Entity Name
STRANDS SALON OF ORLANDO, INC.



Principal Place of Business
**9318 E COLONIAL DR, SUITE A-17
ORLANDO, FL 32817**

Mailing Address
**9711 WINDER TRAIL
ORLANDO, FL 32817**

44041430



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3663480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BROWN, PATRICIA~~
~~4470 WINDCLIFF COURT~~
~~ORLANDO, FL 32817~~

Patricia Brown
A.C.J. Solutions INC.
10151 Univ Blvd, 253
Orlando, FL 32817

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Brown* *2/20/04* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WOODARD, ANTHONY S 9711 WINDER TRAIL ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOODARD, TANGELA J 9711 WINDER TRAIL ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-04 407-284-7851